SUBMIT: COMPLETED APPLICATION, TAX STAT, MENT AND FEE TO: Bayfield County Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138



Permit #:	20-0283
Date:	10-13-20
Amount Paid:	\$75 9-29-20
Refund:	

INSTRUCTIONS: No permits will be issued until all for

Checks are made	payable to:	Bayfield C	County Zoning	Department.		PLICAN		iginal		on <u>Ml</u>	JST be subr	nitted	FILI	LOUT IN INK (NO PEI	NCIL)
TYPE OF PERMIT	T REQUES	TED-	M	LAND USE	SANI	TARY	.□ PR	IVY	CONE	OITIO	NAL USE	☐ SPECIA	L USE	☐ B.O.A.	□ OTHE	R
Owner's Name:		Jud	ith A.	Larson	Mail	ling Ad	dress: • Mor	riso			City/State/	Zip:		54865	Teleph	
80240 A			2 1	•		City/	State/Zip	:				J			Cell Ph	one:
Contractor:	lovvis	on	nd.	- * - X-	Cont		Phone:	2	Plum		865				218	-428-348
Self	67.		1	9 4 7	5	cractor	i none.		Fluir	ibei.					Plumbe	r Phone:
Authorized Agent	: (Person Sig	ning Appli	cation on beha	lf of Owner(s))	Agei	nt Phor	ne:	S	Agen	t Mail	ing Address	(include Cit				ization ed No
PROJECT LOCATION	<u>Legal</u>	Descrip	7-1	ax Statement)			803	2						ded Document:		Ownership)
<u>SW</u> 1/4, _			Gov't Lot		CSM	∜ol	& Page		I Doc#	L	ot(s) #	Block #	Subdi	vision:		
*		nship 🚣	19 <i>N</i> , F	Range <u>OS W</u>	W		Town o	ort	· Wi	ng			Lot Siz	ze	Acre	age 5,000
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☐ Shoreland →	□ Is I	Property	/Land withi	n 1000 feet of L			Flowage ontinue		Distanc	e Stru	ucture is fro	om Shorelii	ne : feet	Zone? Yes No		☐ Yes ※No
X Non-Shoreland	d											_ 4		7,140		
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& material									prop					property?		property
	□ New	Constr	uction	№ 1-Story		☐ Ba	sement		1		□ Mui	nicipal/Cit	v			☐ City
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ė .	A Addi	tion/Ai	teration	Loft		_ FO	undatio	n	2							Well
\$ 10,000	☐ Conv	ersion		☐ 2-Story	L,	✓ Sla	h		□ 3	y.	San	itary (Exis	ts) Spe	ecify Type:		
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	Prope	erty			_		ar Roun	d				post Toil	et			
	Ш										□ Nor	ie				
Existing Structu	re: (if add	ition, alte	eration or bu	siness is being ag	pplied fo	or)	Length:				Width:			Height		
Proposed Cons						_	Length:		24		Width:	30		Height		
Programme and the second		70, 00	Maria Maria Maria Maria							=/						
Proposed (Jse	1				or poor	osed St		e e				- C	Dimensions	1.5	Square Footage
•				Structure (fir				erty)					(X		
			Kesidenc	e (i.e. cabin, h	unting	shack	k, etc.)		,				(Х		
Residentia	l Use			with Loft	-1-								(X		
				with a Por									(X		
-				with (2 nd) F with a Dec									(X		
				with (2 nd) [1	X		
☐ Commerci	al Use			with Attac		rage							1	X		. "1,
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			Special U	se: (explain)									(Х		
				nal Use: (explai								100	(Х		
				xplain)									(Х		
				OBTAIN A PERMI					/ITHOUT A	DEDAM	IT WILL BEST	IT IN DENIALS	TEC			
I (we) declare that this	s application	including a	iny accompanyir	ng information) has be	een exami	ined by n	ne (us) and	to the be	st of my (ou	r) knowl	ledge and belie	f it is true, corn	ect and co	mplete. I (we) ackno	owledge tha	t I (we) am
(are) responsible for t result of Bayfield Cou	he detail and nty relying oi	accuracy on this inform	f all information mation I (we) am	I (we) am (are) provi n (are) providing in or	ding and t	hat it wil	l be relied u	pon by E	avfield Cour	ntv in de	etermining whe	ther to issue a	permit. L	(we) further accent I	iability which	h may he a
	abla tima fa	+ +											,			
property at any reaso	/				(1)	1.		1								
Owner(s): (If there are Mu	/				Res	1.		LA					Dat	te 9-20	6-20	120

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit _

aw or Sketch your Property (regardless of what you are applying for)

Fill Out in Ink - NO PENCIL

(1) Show Location of: Show / Indicate:

Proposed Construction

North (N) on Plot Plan

Show Location of (*):

(*) Driveway and (*) Frontage Road (Name Frontage Road)

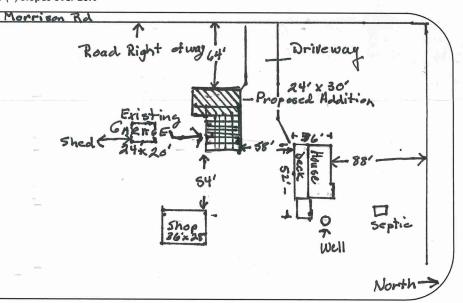
Show:

All Existing Structures on your Property

(5) Show: (6) Show any (*): (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond

(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Setback Measurements			Description	Setk Measur	
			TYEAV			
Setback from the Centerline of Platted Road	97	Feet		Setback from the Lake (ordinary high-water mark)		Feet
Setback from the Established Right-of-Way	64	Feet	40	Setback from the River, Stream, Creek		Feet
	4		i e	Setback from the Bank or Bluff		Feet
Setback from the North Lot Line	182	Feet		3		
Setback from the South Lot Line	1108	Feet		Setback from Wetland		Feet
Setback from the West Lot Line	64	Feet		20% Slope Area on the property	☐ Yes	X No
Setback from the East Lot Line	869	Feet		Elevation of Floodplain		Feet
Setback to Septic Tank or Holding Tank	арр 160	Feet		Setback to Well	opp 120) Feet
Setback to Drain Field	177	Feet			1-1-1-1-00	
Setback to Privy (Portable, Composting)		Feet		c		

other previously surveyed corner or marked by a licensed surveyor at the owner's expense

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For the Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)	Sanitary Number:		# of bedrooms:	Sanitary Date:		
Permit Denied (Date):	Reason for Denial:					
Permit #: 20 - 0283	Permit Date: 10-1	13-20				
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes (Deed of Recondance Yes (Fused/Contigue Yes Yes	ous Lot(s)) 📗 No	Mitigation Required Mitigation Attached		Affidavit Required		
Granted by Variance (B.O.A.) ☐ Yes		Previously Granted by Yes No	y Variance (B.O.A.)	H:		
Was Parcel Legally Created Was Proposed Building Site Delineated Yes □ No		_ Were Property Line	Were Property Lines Represented by Owner Was Property Surveyed Yes U Yes			
Inspection Record: Owner on 5, he a Appears code	womphant	et staked		Zoning District (AG() Lakes Classification (—)		
Date of Inspection: 16 - 7 - 20	Date of Re-Inspection:					
Condition(s): Town, Committee or Board Conditions Atta	ched? 🗆 Yes 🗆 No –	(If No they need to be atta	ached.)			
No pressured water all setteners.	ran habit	de structure.	leyding full must meit	ooses. Austain		
Signature of Inspector:	rurod			Date of Approval: 10 - 8 - 20		
Hold For Sanitary: Hold For TBA:	Hold For A	Affidavit: 🗌	Hold For Fees:			

Village, State or Federal
May Also Be Required

USE - X

TARY
SPECIAL
CONDITIONAL
BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

20-0283 **Rollin & Judith Larson** Issued To: w 15 acres of the SW 49 **Port Wing** Section 10 **Township** Range 8 Location: Town of CSM# Subdivision Lot Block Gov't Lot

For: Residential Accessory Structure Addition: [1- Story; Storage Addition to Garage (24' x 30') = 720 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Structure not for human habitation / sleeping purposes. No pressurized water allowed inside structure. Must meet and maintain setbacks.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed

or if any prohibitory conditions are violated.

Todd Norwood

Authorized Issuing Official

October 13, 2020

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138



Permit #: 20 - 02 8 4 5 10 - 13 - 20 Amount Paid: \$75 10 - 8 - 20 Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION <u>UNTIL ALL PERMITS HAVE BEEN ISSUED</u> TO APPLICANT.

Original Application MUST be submitted

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMI	T REQUESTED-	LAND USE SA	NITARY PRIV	N D	CONDITIO	NIAL LICE	C CDECIAL	PAVILIE STATE			
Owner's Name:	A A		ailing Address: /	Y	CONDITIO	City/State/	☐ SPECIAI	L USE	B.O.A.	OTHE	-
G	ARY PERRIN	5 833	125 WASH	ngto	M	PORT	Win	qu	1/ 7	Telepho	774-38
Address of Proper	School RD.		City/State/Zip:	WI	ig u	11 5	486		7	Cell Pho	pg: 0 -/6 9
Contractor: Jo	KINEN- NORTH		ontractor Phone:		Plumber:	1	S/A		- /	Plumbe	Phone:
Authorized Agent	: (Person Signing Application on belia		gent Phone:	13/4/1	Agent Mai	ling Address	(include City	//State/Zin	n):	Writter	///
	10			3.0			, , , , , , , , , , , , , , , , , , , ,	, , ,	,	Authori	- 1
	NA									Attache	
PROJECT			Tax ID#			7		Recorder	Document: (Showing	
LOCATION	Legal Description: (Use T	ax Statement)		2	571	9		8	75	Showing	747
1/4, _	1/4 Gov't Lot	Lot(s) CSN	Vol & Page	CSM Do	c# L	ot(s) #	Block #	Subdivisi	er win	9 11	208ER
		1 10					Ŏ				
Section	, Township N, F	tange W	Town of:	Pon	+ W	129		Lot Size		Acre	age
				7 -10						4	314
	☐ Is Property/Land withi				istance Str	ucture is fr	om Shorelin	e:	ls your Prope		re Wetlands
☐ Shoreland —	Creek or Landward side	of Floodplain?	If yescontinue -	— _				feet	in Floodplain	n í	Present?
- Shoreland -	Is Property/Land within	n 1000 feet of Lake,	Pond or Flowage	D	istance Stri	ucture is fro	om Shorelin	e:	Zone? Ves		☐ Yes
			If yescontinue -					feet	No		No
☐ Non-Shoreland	1-1		,						140		/-
Value at Time					Total # of		NA/	hat Tuna			-
of Completion		Project	Project	TO HERSEL	edrooms			hat Type			Type of
* include	Project	# of Stories	Foundation						ystem(s)		Water
donated time & material		" or Stories	Touridation		on property			he prop	roperty?		on
& material	New Construction	V 1 Chami	- December		Almondo de la companio de la compani				opertyr		property
	New Construction	1-Story	☐ Basement		□ 1		nicipal/Cit				☐ City
	☐ Addition/Alteration	☐ 1-Story + Loft	☐ Foundation		□ 2	□ (Ne	w) Sanitar	y Specify	/Type:		□ Well
\$ 10		LOIL	A	-83							
18,000	□ Conversion	☐ 2-Story	Slab	2.5-	□ 3	☐ San	itary (Exist	:s) Specif	y Type:		NONC
	☐ Relocate (existing bldg)	П	П		П	□ Priv	v (Dit) or	□ Vaul	ted (min 200	\ gallon\	NUNC
	☐ Run a Business on		Use		None		table (w/se			Salloll)	-
	Property		X Year Round		A		npost Toile		inactj		1
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	The second secon	L			10	IVOI					
Existing Structu	re: (if addition, alteration or bu	siness is being applied	for) Length:	L	14	Width:			Height:		
	truction: (overall dimension		Length:		4'	Width:	20) /	Height:	9	
NOTES AND AND ADDRESS OF THE PARTY OF THE PA					/						
								On the State of		Attended to the state of	

Proposed Use	1	Proposed Structure	Dimensions	Square Footage
		Principal Structure (first structure on property)	(X)	
		Residence (i.e. cabin, hunting shack, etc.)	(X)	
Residential Use		with Loft	(X)	
nesidential ose		with a Porch	(X)	
		with (2 nd) Porch	(X)	
		with a Deck	(X)	
☐ Commercial Use		with (2 nd) Deck	(X)	
_ Commercial use		with Attached Garage	(X -) -	
		Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities)	(x)	
		Mobile Home (manufactured date)	(X)	
☐ Municipal Use		Addition/Alteration (explain)	(x)	
	X	Accessory Building (explain)STORAGE BUILING	(24x20)	480
Cor.		Accessory Puilding Addition (Altaugation ()	1 × 1	10

(*) Show Location of (*): (4) Show: (5) Show: (6) Show any (*): (7) Show any (*): (8) Show any (*): (9) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20% Split Rail Fence Guranully Property Order Wall O	(1) Show Location of: (2) Show / Indicate:	Property (regardless of what you are applying for) Proposed Construction North (N) on Plot Plan
(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (*) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20% Split Roll Give Suprement of the street of	(3) Show Location of (*):	(*) Driveway and (*) Frontage Road (Name Frontage Road)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20% Split Roll Give Guntary Property Construction Construct		
Split Roil Fince Surroundy Morenty Decorative Development Construction	1111	(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
Decorative Devol 220 Posterior Construction	(/) Show any (*):	Split Rail Fance Surrandy Magerty
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COO CURRENT DRIVEWAY		Construction & Construction
COC CURRENT DRIVEWAY		Decom Well 34x20
COC CURRENT DRIVEWAY		ushto9
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Col la Chopage	000	Copper
WORLH WORLH		Co Chanage
	088	40x3BARN SARN
WAShington Aug Ron 80'		1. Ach 14.01.00 HIG

Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Setback Measurements	Description	Setback Measurements
	10		
Setback from the Centerline of Platted Road 15	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	80 Feet	Setback from the River, Stream, Creek	Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	18b. Feet	(1)	
Setback from the South Lot Line	3 (Feet	Setback from Wetland	Feet
Setback from the West Lot Line	80 Feet	20% Slope Area on the property	☐ Yes ☐ No
Setback from the East Lot Line 2 (Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	A) A Feet		
Prior to the placement or construction of a structure within ten (10) feet of other previously surveyed corner or marked by a licensed surveyor at the or	the minimum required setback, the wner's expense.	boundary line from which the setback must be measured must be visible from or	I ne previously surveyed corner to the
Prior to the placement or construction of a structure more than ten (10) fee one previously surveyed corner to the other previously surveyed corner, or marked by a licensed surveyor at the owner's expense.	et but less than thirty (30) feet from verifiable by the Department by use	the minimum required setback, the boundary line from which the setback must be of a corrected compass from a known corner within 500 feet of the proposed sit	pe measured must be visible from te of the structure, or must be

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

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The local Town, Village, City, State or Federal agencies may also require permits.

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Is Parcel a Sub-Standard Lot Yes (Deed of Record) No No No No No No No N	Issuance Information (Count	ty Use Only)	Sanitary Number:		# of bedrooms:	Sanitary Date:
Is Parcel a Sub-Standard Lot Yes Deed of Record) No No No No No No No N	Permit Denied (Date):		Reason for Denial:	A PROPERTY.		
Is Parcel a Sub-Standard Lot Yes Deed of Record) No No No No No Structure Non-Conforming Yes Structure Non-Conforming Yes No No No No No No No N	Permit #: 20-0284		Permit Date: 10-13	3-20		
Yes No Case #: Was Parcel Legally Created Yes No Was Property Lines Represented by Owner Was Property Surveyed Yes No Was Property Surveyed Yes No No No No No No No N	Is Parcel in Common Ownership	☐ Yes (Fused/Contigue	No No No	Mitigation Required		
Was Proposed Building Site Delineated Yes No Was Property Surveyed Yes No		e #:		The second secon		#:
Date of Inspection: Date of Inspection: Date of Re-Inspection: Date of Re-Inspection:				Were Property Line		
Condition(s): Town, Committee or Board Conditions Attached? Yes No - (If No they need to be attached.) Structure not for human habitation sluping purposes. No pressuriced Water allowed inside structure. Must meet and mainhin set backs Signature of Inspector: Date of Approval: 10-8-2	Inspection Record: 5, be 5 to	and an	d appears	s code con	eplicat.	
Structure not for human habitation / sluping purposes. No pressuriced water allowed inside structure. must meet and maintain set backs. Signature of Inspector: Date of Approval: 18-8-2	10-1-	- 20	Inspected by:	ld Normo		Date of Re-Inspection:
Signature of Inspector: Date of Approval: 16 - 8 - 2	Condition(s): Town, Committee or Bo	loard Conditions Attac	hed? 🗆 Yes 🗆 No – (If I	No they need to be atta	ched.)	0
Signature of Inspector: Date of Approval: 16 - 8 - 2	Structure not	for homo	in habitatis	m/sluping	purposes, 1	No pressurred
16.8.2	Water allows	d inside	structure. N	out meet a	and maint	in setbacks.
Hold For Sanitary: Hold For TBA: Hold For Affidavit: Hold For Fees: Hold For Fee	Signature of Inspector:	UN	rond			Date of Approval:
	Hold For Sanitary:	Hold For TBA:	Hold For Affid	avit: 🗌	Hold For Fees:	

City, Village, State or Federal May Also Be Required

AND USE - X
SANITARY - City
SIGN SPECIAL CONDITIONAL BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No. 20-0284 Issued To: Gary & Laurie Perkins

Location: - 1/4 of - 1/4 Section 29 Township 50 N. Range 8 W. Town of Port Wing

Gov't Lot Lot 14-18 Block 8 Subdivision Port Wing Proper CSM#

For: Residential Accessory Structure: [1- Story; Storage (24' x 20') = 480 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Structure not for human habitation / sleeping purposes. No pressurized water allowed inside structure. Must meet and maintain setbacks.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

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This permit may be void or revoked if any performance conditions are not completed

or if any prohibitory conditions are violated.

Todd Norwood

Authorized Issuing Official

October 13, 2020

Date